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transmitted to the USPTO (571) 273-2885, on the date Indicated below. TOLER & LARSON & ABEL L.L.P. 5000 PLAZA ON THE LAKE STE 265 **AUSTIN, TX 78746** 10/24/2005 CNGUYEN1 00000014 502469 09690354 (Depositors name) Laura H. Andre 700.00 DA (Signature 01 FC:2501 ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 3110 800550 Risto Miikkulninen 10/17/2000 09/690.354 TITLE OF INVENTION: SYSTEMS AND METHODS FOR ADAPTIVE MEDICAL DECISION SUPPORT DATE DUE TOTAL FEE(S) DUE ISSUE FEE PUBLICATION FEE SMALL ENTITY APPLN. TYPE 10/25/2005 \$700 YES \$700 fenoisivorquon CLASS-SUBCLASS ART UNIT EXAMINER 706-014000 2129 HIRL, JOSEPH P 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). John R. Schell 2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. TOLER, LARSON & ABEL, LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Austin, Texas 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Austin, Texas Recare, Inc. Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fec(s) is enclosed. ksue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2469 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above, NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Upited States Patent and Trademark Office. 10.20.05

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